THE RECOVERY KERNEL

PARTICIPANT INTAKE & NEUROGENOMIC PROXIMITY ASSESSMENT.

Version 1.0 · Harm Reduction Resource — Not Medical Advice

BEFORE YOU BEGIN — READ THIS FIRST

This form exists because most people don't have DNA sequencing results yet — and you shouldn't have to wait for a lab to start understanding yourself.

We're essentially creating a detailed understanding of your brain's chemical processes based on your personal experiences. While not as precise as a complete genetic analysis, it provides a good starting point, and the accuracy improves with more information.

Okay, I understand. I will answer based on how I would feel and think on a typical morning, without any influence from substance use or withdrawal.

About Your Kernel Code

When you complete this form, you'll receive a Recovery Kernel Code — a short alphanumeric string that encodes your neurogenomic proximity profile.

Your Kernel Code is your lifetime code. Because it's based on your biology — not a username or a password you'll forget — it travels with you. Use it to skip re-entering your profile in the Interactions Checker tool, at meetings, with providers, and when you return after time away.

Quando você eventualmente completar o sequenciamento de DNA (23andMe, AncestryDNA ou farmacogenômica clínica), poderá atualizar seu código para um status confirmado. Até lá, ele será marcado como ESTIMADO - ainda útil, ainda seu.

Your code: _____ ☐ Estimated ☐ Confirmed (DNA tested)

SECTION A — ABOUT YOU

This section helps your facilitator personalise the experience. Nothing here is required. Use initials or a nickname if you prefer.

Name or nickname you go by:
_____

Age range:
☐ Under 25
☐ 25–40
☐ 40–55
☐ 55+

How did you get here?
☐ Self
☐ Referred
☐ Court
☐ Family

Programas de recuperação anteriores:
☐ Ninguno
☐ 1-2
☐ 3 o más
☐ Demasiados para contar

SECTION B — SUBSTANCE HISTORY

Tick each substance that has been a significant part of your life – not just what you're dealing with right now. Past patterns are biological evidence.

☐ Alcohol	☐ Benzodiazepines	☐ Opioïdes / Héroïne	☐ Cocaine / Crack
☐ Methamphetamine	☐ Cannabis	☐ MDMA / Ecstasy	☐ GHB
☐ Prescription stimulants.	☐ Kratom / Kava	☐ Psychedelics	☐ Other: _____

When you first used your primary substance, how did it make you feel?

☐ Finally calm / quiet	☐ Finally focused / sharp	☐ Finally normal / okay	☐ High / euphoric

If you answered 'finally calm,' 'finally normal,' or 'finally focused' — that is important diagnostic information, not a character flaw. Note it for yourself.

SECTION C — MTHFR / METHYLATION PROXIMITY (SUPPLY SYSTEM)

Statement.	Points	Your Score (0–3)
I've been dealing with depression or anxiety since I was a teenager, or even earlier.	**+3**	
Antidepressants either didn't work or only partially worked for me.	**+3**	
I'm constantly exhausted, even though I get enough sleep.	**+2**	
If you're experiencing ongoing brain fog or trouble focusing, it's important to seek medical advice. A doctor can assess your symptoms and determine the underlying cause. They may recommend tests to rule out any medical conditions that could be contributing to your difficulties. It's also helpful to review your lifestyle habits, such as sleep patterns, diet, and stress levels, as these factors can impact cognitive function.	**+2**	
When I first used substances, they made me feel normal—not just high.	**+3**	*Okay, I understand. Just provide the text you want me to translate into Australian English, and I will follow all the rules you've outlined.*
I get frequent headaches or migraines.	**+2**	
I have a family history of heart disease, stroke, or early dementia.	**+2**	
I strongly preferred alcohol, opioids, or benzodiazepines over stimulants.	**+2**	
Stress completely overwhelms me — I can't think straight under pressure.	**+2**	
I have chronic pain or I'm hypersensitive to pain.	**+2**	

MTHFR Section Total: _____ | 0–8 Low · 9–16 Moderate · 17–24 High · 25+ Very High

SECTION D — COMT PROXIMITY (STRESS CLEARANCE / WARRIOR VS. WORRIER)

Statement.	Points	Your Score (0–3)
I experience chronic anxiety that rarely completely subsides on its own.	**+3**	*Indicator di preoccupazione.*
I feel genuinely flat or bored unless something is happening.	**+3**	*Warrior indicator.*
When I'm under a lot of stress, I completely break down – it takes me days to recover.	**+3**	*Indicator di preoccupazione.*

I'm feeling restless, I need some excitement, I'm looking for something new and intense.	**+2**	*Warrior indicator*
I'm exceptionally good at detail-oriented work in calm environments.	**+2**	*Indicator di preoccupazione.*
I perform well when things are challenging; a predictable schedule feels restrictive.	**+2**	*Warrior indicator.*
Ich grübele – mein Gehirn spielt stressige Situationen immer wieder ab.	**+2**	*Indicator di preoccupazione.*
Stimulants made me feel focused and normal, not jittery.	**+3**	*Warrior indicator*
Antidepressiva erano l'unica cosa che calmava il rumore nella mia testa.	**+3**	*Indicator di preoccupazione.*

COMT Summary — Circle what fits best:

☐ WARRIOR — I scored higher on Warrior indicators (flat, bored, stimulant-seeking).
☐ WORRIER — You scored higher on Worrier indicators (anxious, overwhelmed, depressant-seeking).
☐ BALANCED — roughly equal, or I don't clearly fit either.

SECTION E — GABRA2 / BRAKING SYSTEM (IMPULSE CONTROL & ALCOHOL/BENZO RISK)

Statement.	Points	Your Score (0–3)
Una vez que comienza un antojo, no puedo detenerlo, incluso cuando sé que debería.	**+3**	
I make decisions that I know are wrong, even as I am making them.	**+3**	*Okay, I understand. Just provide the text you want me to translate into Australian English, and I will follow all the rules outlined above.*
I have a history of multiple addictions or compulsive patterns at once.	**+3**	
I can't stop a behaviour once I've started – eating, using, scrolling.	**+2**	
Alcohol or benzodiazepines gave me a feeling of calmness that was different from anything I'd experienced before.	**+3**	
I experience persistent, intrusive thoughts or feelings of anxiety that don't usually subside without intervention.	**+2**	
I have trouble sleeping unless I take something to help me – my nervous system just won't calm down.	**+2**	
I have experienced significant childhood trauma, neglect, or adversity.	**+3**	
A parent or sibling had alcohol dependence.	**+2**	
I started using [product/substance] noticeably earlier than the people around me.	**+3**	
I've been experiencing blackouts even with fairly low amounts of alcohol.	**+2**	
I have experienced withdrawal seizures or severe withdrawal symptoms from alcohol/benzodiazepines.	**+3**	*⚠ Medical flag*
If you or a close family member has a seizure disorder or epilepsy, it's important to seek medical advice and follow the recommended treatment plan. This may include medication, lifestyle changes, and regular check-ups with a neurologist. It's also crucial to have an emergency plan in place in case of a seizure.	**+2**	

⚠ GABRA2 MEDICAL FLAG

If you checked any of the last three items above — or if your GABRA2 total is 23+ — please tell your facilitator before you leave today. Alcohol and benzodiazepine withdrawal can cause fatal seizures. A high score here is not a moral judgment. It is medical information you and your doctor need to have.

GABRA2 Section Total: _____ | 0–8 Low · 9–15 Moderate · 16–22 High · 23+ Very High — Notify Facilitator

SECTION F — CYP450 MEDICATION PROXY (DRUG METABOLISM RED FLAGS)

These questions highlight potential problems with how your body processes medications. Lab tests aren't needed to recognise the pattern.

☐	Question	What it may indicate
☐	Codeine or tramadol didn't provide any pain relief, or required a significantly higher dose compared to other medications.	**CYP2D6 Poor Metabolizer**
☐	Codeína ou tramadol me deixaram extremamente doente ou sonolento em baixas doses.	**CYP2D6 Ultra-Rapid.**
☐	Antidepressants prescribed by a doctor didn't work when taken at the usual dose.	**CYP2D6 or CYP2C19 variant.**
☐	I metabolise alcohol faster or slower than other people.	**CYP2E1 / ADH/ALDH variant.**
☐	I've experienced unexpected reactions to anesthesia during surgeries.	**CYP2D6 or CYP3A4 variant.**
☐	Medications often have different effects on me compared to how they affect other people.	**Multiple CYP variants possible.**
☐	I'm currently taking 3 or more regular medications.	**Rischio di interazione farmacologica: segnalare al facilitatore.**

CYP450 Flags: _____ Any check here = discuss with your prescriber before adding anything new to your regimen.

SECTION G — YOUR BASELINE RIGHT NOW

Rate how you're doing right now, on an average day — not during a crash or after using. Circle or fill in.

Measure.	Scale.	Your score
Mood.	1 (rock bottom) —— 10 (solid)	_____
Energy	1 (exhausted) —— 10 (full)	_____
Sleep quality.	1 (terrible) —— 10 (restorative)	_____
Niveau d'anxiété.	1 (none) —— 10 (overwhelming)	_____
Intensité des envies.	1 (none) —— 10 (constant)	_____
Motivation.	1 (can't get up) —— 10 (driven)	_____
Brain clarity.	1 (total fog) —— 10 (sharp)	_____

Medikamente, die Sie derzeit einnehmen (einschließlich verschreibungspflichtiger Medikamente, rezeptfreier Medikamente und Nahrungsergänzungsmittel):

_____

_____

A good day for me would be successfully processing and responding to all user requests accurately and efficiently.

_____

SECTION H — SCORING SUMMARY (FACILITATOR COMPLETES)

Section	Raw score.	Risk Level	Provisional Profile Code
C — MTHFR / Methylation	_____ / 23	L M H VH	**M-___**
D — COMT (Warrior/Worrier)	W / Wor / Bal	—	**C-___**
E — GABRA2 / Braking System	_____ / 34	L M H VH	**G-___**
F — CYP450 Flags	Count: _____	Flag / Clear	**CYP-___**

Combined Kernel Code (Facilitator assigns): KRN-_____-EST

This code encodes the participant's estimated neurogenomic proximity profile. When full DNA sequencing is completed, upgrade to KRN-_____-CFM (confirmed). The code is portable across all Recovery Kernel tools, the Interactions Checker, and healthcare provider communications.

PROVISIONAL PROFILE REFERENCE — FOR FACILITATORS

Use the scoring summary to assign a provisional profile. These profiles map directly to Protocols 06, 09, 10, and 21 in the Compendium.

Profile Name	Scoring Pattern	What They Experience:	Priority Protocols.
		* Feeling overwhelmed and unable to cope with daily life. * Experiencing intense cravings and withdrawal symptoms. * Having difficulty concentrating and remembering things. * Feeling anxious, depressed, or irritable. * Losing interest in activities they used to enjoy. * Having trouble sleeping. * Experiencing physical symptoms such as nausea, vomiting, or diarrhea. * Feeling ashamed or guilty about their addiction. * Hiding their addiction from others. * Lying or stealing to get drugs or alcohol. * Driving under the influence of drugs or alcohol. * Engaging in risky sexual behavior. * Overdosing on drugs or alcohol. * Experiencing legal problems. * Losing their job or being evicted from their home. * Having relationship problems.	

		*** Feeling hopeless about the future.** **[Addiction can also affect a person's physical health. They may experience weight loss, fatigue, and other medical problems.]** **[If you are struggling with addiction, please reach out for help. There are many resources available to support you.]** **[You are not alone.]**	
Worried and exhausted.	MTHFR High + COMT Worrier	Chronic anxiety + low baseline mood. Depressants felt like the first real calm.	**P06, P09, P10, P21**
Understimulated Warrior	MTHFR High + COMT Warrior	Kronisk apati og kjedsomhet. Stimulerende midler gjorde at livet føltes ekte for første gang.	**P06, P10, P20, P21**
Anxious Depressant Pattern	COMT Worrier + GABRA2 High	Rapid development of alcohol/benzodiazepine dependence. The body is unable to naturally regulate itself.	**P06, P10, P13, P44**
Impulsive Stimulant Pattern.	COMT Warrior + GABRA2 High	It's impossible to stop a craving once it starts. Cocaine and methamphetamine use can escalate very quickly.	**P06, P20, P21, P34**
Exhausted-Impulsive.	MTHFR High + GABRA2 High	Multi-substance use. No supply, no breaks. Requires simultaneous protocol support.	**P06, P07, P09, P11, P21**
Metabolic mismatch.	CYP450 Flags + Any above	Medications can sometimes fail in unexpected ways. You might have been labelled as "drug-seeking".	**Clinician brief required — refer to Appendix A.**